

## SHEBOYGAN PROGRESSIVE CARE CENTER

1902 MEAD AVE

SHEBOYGAN 53081 Phone:(920) 458-8333

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 120

Total Licensed Bed Capacity (12/31/04): 146

Number of Residents on 12/31/04: 113

## Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 114

## Corporation

Skilled

No

Yes

Yes

114

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		43.4	
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		39.8	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	14.2	More Than 4 Years		16.8	
Day Services	No	Mental Illness (Org./Psy)	16.8	65 - 74	16.8			-----	
Respite Care	No	Mental Illness (Other)	6.2	75 - 84	36.3			100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.9	85 - 94	32.7	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.9	95 & Over	0.0	Full-Time Equivalent			
Congregate Meals	No	Cancer	2.7		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	9.7		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	8.0	65 & Over	85.8	-----			
Transportation	No	Cerebrovascular	8.8		-----	RNs		8.3	
Referral Service	No	Diabetes	0.9	Gender	%	LPNs		8.4	
Other Services	No	Respiratory	9.7		-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	35.4	Male	39.8	Aides, & Orderlies			
Mentally Ill	No	-----	-----	Female	60.2				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

## Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	6	8.3	144	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	5.3
Skilled Care	27	100.0	300	61	84.7	123	1	100.0	123	11	91.7	177	0	0.0	0	1	100.0	123	101	89.4
Intermediate	---	---	---	2	2.8	103	0	0.0	0	1	8.3	167	0	0.0	0	0	0.0	0	3	2.7
Limited Care	---	---	---	3	4.2	89	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.7
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	27	100.0		72	100.0		1	100.0		12	100.0		0	0.0		1	100.0		113	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	12.2	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	0.0	74.3	25.7	113
Other Nursing Homes	0.9	Dressing	9.7	79.6	10.6	113
Acute Care Hospitals	84.2	Transferring	15.9	69.0	15.0	113
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	9.7	69.0	21.2	113
Rehabilitation Hospitals	0.0	Eating	46.9	40.7	12.4	113
Other Locations	2.7	*****				
Total Number of Admissions	222	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	9.7		Receiving Respiratory Care	5.3
Private Home/No Home Health	47.6	Occ/Freq. Incontinent of Bladder	57.5		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	0.4	Occ/Freq. Incontinent of Bowel	38.1		Receiving Suctioning	0.0
Other Nursing Homes	2.6				Receiving Ostomy Care	6.2
Acute Care Hospitals	5.3	Mobility			Receiving Tube Feeding	4.4
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.9		Receiving Mechanically Altered Diets	19.5
Rehabilitation Hospitals	0.0					
Other Locations	15.4	Skin Care			Other Resident Characteristics	
Deaths	28.6	With Pressure Sores	12.4		Have Advance Directives	29.2
Total Number of Discharges		With Rashes	8.0		Medications	
(Including Deaths)	227				Receiving Psychoactive Drugs	58.4

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	78.1	88.5	0.88	90.2	0.87	90.5	0.86	88.8	0.88
Current Residents from In-County	79.6	80.0	1.00	82.9	0.96	82.4	0.97	77.4	1.03
Admissions from In-County, Still Residing	18.0	17.8	1.01	19.7	0.91	20.0	0.90	19.4	0.93
Admissions/Average Daily Census	194.7	184.7	1.05	169.5	1.15	156.2	1.25	146.5	1.33
Discharges/Average Daily Census	199.1	188.6	1.06	170.5	1.17	158.4	1.26	148.0	1.35
Discharges To Private Residence/Average Daily Census	95.6	86.2	1.11	77.4	1.24	72.4	1.32	66.9	1.43
Residents Receiving Skilled Care	94.7	95.3	0.99	95.4	0.99	94.7	1.00	89.9	1.05
Residents Aged 65 and Older	85.8	92.4	0.93	91.4	0.94	91.8	0.94	87.9	0.98
Title 19 (Medicaid) Funded Residents	63.7	62.9	1.01	62.5	1.02	62.7	1.02	66.1	0.96
Private Pay Funded Residents	10.6	20.3	0.52	21.7	0.49	23.3	0.46	20.6	0.52
Developmentally Disabled Residents	0.0	0.9	0.00	0.9	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	23.0	31.7	0.73	36.8	0.63	37.3	0.62	33.6	0.68
General Medical Service Residents	35.4	21.2	1.67	19.6	1.81	20.4	1.73	21.1	1.68
Impaired ADL (Mean)	50.3	48.6	1.03	48.8	1.03	48.8	1.03	49.4	1.02
Psychological Problems	58.4	56.4	1.04	57.5	1.02	59.4	0.98	57.7	1.01
Nursing Care Required (Mean)	7.0	6.7	1.04	6.7	1.04	6.9	1.01	7.4	0.94